No. 2
-13-40
17-39
X2315

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11877

VOID MAR 19 1941

Registration District No. 762

Primary Registration District No. 4457

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Clair
(b) City or town Collins
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 93
(a) State Mo (b) County St. Clair
(c) City or town Collins 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME James William Mason
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida Mason
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 20 (Day) 1881 (Year)

8. AGE: Years 59 Months 6 Days 2 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation BLACKSMITH
11. Industry or business
FATHER
12. Name John Harlin Mason
13. Birthplace (City, town, or county) Ill. / (State or foreign country)
MOTHER
14. Maiden name Julia H. Sheldon
15. Birthplace (City, town, or county) Ill. / (State or foreign country)
16. (a) Informant Ida Mason
(b) Address Collins, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan (Month) 24 (Day) 41 (Year)
(c) Place: burial or cremation Freeman
18. (a) Signature of funeral director Joseph & Firestone
(b) Address Humansville, Mo.
19. (a) Feb 23, 1941 (Date received local registrar) (b) Mrs. C. L. Landaver (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22
year 1941 hour 8 minute p. M.
21. I hereby certify that I attended the deceased from Oct 20 1940 to Jan 22, 1941, 19 ;
that I last saw him alive on Jan 22, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of lower lip.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury
23. Signature Dr. E. D. Brown (M. D. or other) 9
Address Collins, Mo Date signed Feb 22 1941

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 3-41-473
Date Filed 3-7-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Not embalmed.

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.